

SHARE

STATE OF NEW MEXICO

DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

969

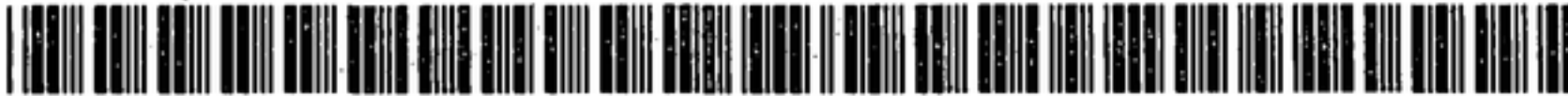
VENDOR #



DATE 12/07/2011

Payee

\$ 605.00



Fund / Agency

000 66500

Document Number

AP 00275176

B4R

COD3

B4RCOD3

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsofDate 12/02/2011

Voucher	Vchr	VchrLineDescr	Distr	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#	Description			WithHold	Year	Month		

00275176	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001	2012	11	0000083659 McGrath, B. 11.13	605.00
----------	---	--------------------	---	--------	------------------------	-------	----------------	------	----	------------------------------	--------

Total For Voucher										605.00
-------------------	--	--	--	--	--	--	--	--	--	--------

FCD Audit Bureau

Lycinda

RECEIVED
DEC 02 2011
DFA
FINANCIAL CONTROL

AGENCY
NAME New Mexico Department of Health

**STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES**

PAGE 2

DATE 11/13/11

AGENCY
CODE 66500

VOUCHER
NUMBER 00275176

NAME Brad McGrath	CAR LICENSE NUMBER GS2411	POST OF DUTY Roswell	PROPOSED (ADVANCE VOUCHER) <input type="checkbox"/>
SOCIAL SECURITY NUMBER [REDACTED]	MODEL Ford	RESIDENCE Roswell	ACTUAL (RECOUPMENT VOUCHER) <input checked="" type="checkbox"/>
NORMAL WORK DAY 8am TO 5pm	YEAR 2011		

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES <small>ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS</small>	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
11/13/11	6:00am		Depart Roswell to Santa Fe to meet with Secretary of Health overnight Santa Fe rate				135.00 ✓		135.00
11/14/11			Overnight -Santa Fe rate				135.00 ✓		135.00
11/15/11			overnight Santa Fe rate				135.00 ✓		135.00
11/16/11			Depart Santa Fe to T or C to meet with Hospital Admsinistrator and staff at NMSVH overnight				85.00 ✓		85.00
11/17/11			Depart T or C to ABQ to meet Hospital Administrator and staff at SATC. Overnight-ABQ				85.00 ✓		85.00
11/18/11		8:00pm	Depart ABQ to Roswell Partial day per diem-14 hrs.				30.00 ✓		30.00

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL ☐

APPROVED RATES ☒

I certify that any payment sought on this voucher does not include
reimbursement for alcoholic beverages; I further certify that no further
payment will be sought for the travel/training covered by this voucher.


Employee Signature

11/22/11
Date

TOTALS

605.00

605.00

Advance Amount
@ 80%

Adjusted
Reimbursement

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions
of the DFA regulations Governing the PerDiem and Mileage Act.

1. **Brad McGrath**

do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the
DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE

 11/22/11

03:54 11:05 AM

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit: 66500

Voucher ID: 00275176

Voucher Style: Regular

Invoice Number: McGrath,B. 11.13-11.18.11

Invoice Date: 11/29/2011

Total: 605.00

Vendor: MCGRATH, BRADLEY K
NM REHABILITATION CENTER
ROSWELL, NM 88203

*Pay Terms:

Payment Information

Find | View All First 1 of 1 Last

Scheduled Payment: 1


*Remit to:   Location: 001 *Address: 1 

MCGRATH, BRADLEY K
NM REHABILITATION CENTER
31 GAIL HARRIS AVENUE
ROSWELL, NM 88203

Gross Amount: 605.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 11/29/2011 

Net Due: 11/29/2011

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: CHK Check

Pay Group:

*Handling: RE

*Netting: N 

Message:

Message will appear on remittance advice.

[Messages](#)

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500


Invoice Number: McGrath,B. 11.13-11.18.11

Voucher ID: 00275176

Invoice Date: 11/29/2011

Voucher Style: Regular

Total: 605.00

Voucher Processing☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher**Saved****Accounting Instructions***Accounting Template: STANDARD Account At: Gross **Match Action**

*Status:

Ready ☐ Pay UnMatched Voucher**Transaction Currency**

*Source:

Tables 

*Currency:

USD 

Rate Type:

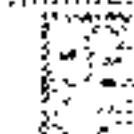
CRRNT 

Exchange Rate:


1.00000000

Voucher Approval

*Approval:

Specify at this Level 

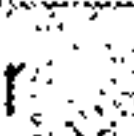
Business Process:

PROCESS_VOUCHERS 

Approval Rule Set:

Payment Approval Rule Set 1 **Self Billing Invoice**

*SBI Num Option:

Group Vouchers (Auto-Nur) 

SBI Number:

PrepaymentPrepayment Reference: ☒ Automatically Apply Prepayment☐ Postpone Withholding**Letter of Credit**Letter of Credit ID:  **Tax Group**